MEDI-CAL UPDATE Part 2
Billing and Policy
www.medi-cal.ca.gov

Outpatient Services • Expanded Access to Primary Care Program

June 2007 • Bulletin 393

Contents

Redirection of Treatment Authorization Request Services

Effective July 1, 2007, several regionalized *Treatment Authorization Request* (TAR) services provided by the Fresno Medi-Cal Field Office (FMCFO) are being redirected to the Northern and Southern Pharmacy Sections (NPS and SPS), Sacramento Medi-Cal Field Office (SMCFO) and San Francisco Medi-Cal Field Office (SFMCFO).

TAR services currently handled by the FMCFO will be redirected as follows:

- Intravenous home infusion equipment services, including all medical supplies related to infusion therapy, and all Durable Medical Equipment (DME) and medical supplies related to enteral feeding, have been redirected to the NPS and SPS.
- Medical supplies related to incontinence, including urinary catheters and bags, have been redirected to the SMCFO.
- Breast pumps and supplies have been redirected to the SFMCFO.
- Physician-administered drugs and/or physician-performed services/procedures, radiology services, inpatient and outpatient surgeries and procedures that require a TAR and elective acute hospital admissions have been redirected to the SMCFO.

Providers located in Oregon border cities were required to submit their TARs, for core services only, to SMCFO effective May 1, 2004.

The California Department of Health Services (CDHS) does not anticipate any delays in adjudication of these TAR types.

Manual replacement pages will be released in a future Medi-Cal Update.

Dental Benefits for Pregnant Women

On October 7, 2005, the Governor signed SB 377, which directed the California Department of Health Services (CDHS) to immediately provide coverage of certain non-emergency dental benefits, described below, for pregnant Medi-Cal recipients. Prior to enactment of this legislation, these benefits were only available to pregnant women in the following restricted aid codes: 44, 48, 5F and 58 (see the November 2002 *Medi-Cal Update* and *Denti-Cal Bulletin*, Vol. 18, No. 19, October 2002).

Enactment of SB 377 requires immediate implementation of these same benefits for pregnant women in the following fifteen *additional* existing aid codes: 0U, 0V, 3T, 3V, 55, 5J, 5R, 5T, 5W, 6U, 7C, 7G, 7K, 7N and 8T (see *Denti-Cal Bulletin*, Vol. 21, No. 41, December 2005). These benefits were added because of recent scientific evidence showing an association between periodontal disease in pregnant women and adverse birth outcomes. **These benefits may help prevent pre-term delivery and low birth weight; they are important for the health of both the mother and the newborn. If a pregnant patient is not currently under the care of a dentist, providers are encouraged to refer her to one during her pregnancy.**

Please see **Dental Benefits**, *page 2*

Dental Benefits *(continued)*

Billing Update for FQHC, RHC and IHS Recipients

With respect to the dental services listed below that are provided to pregnant women in the fifteen additional aid codes by Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC) or Indian Health Services (IHS), EDS will automatically reprocess and adjust denied claims with the above-mentioned criteria retroactive to dates of service on or after October 7, 2005.

The following aid codes are now eligible for this expanded coverage:

Code	Benefits	SOC	Program/Description
0U	Restricted Services	No	BCCTP – Undocumented Aliens. Provides emergency, pregnancy-related and Long Term Care (LTC) services to females younger than 65 years of age with unsatisfactory immigration status who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with creditable insurance. State-funded cancer treatment services are covered every 18 months (breast) and 24 months (cervical). *Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).*
0V	Restricted services	No	Post-BCCTP. Provides limited-scope no SOC Medi-Cal emergency, pregnancy-related and Long Term Care (LTC) services for females younger than 65 years of age with unsatisfactory immigration status and without creditable health insurance coverage who have exhausted their 18-month (breast) or 24-month (cervical) period of cancer treatment coverage under aid code 0U. No cancer treatment. Continues as long as the woman is in need of treatment and, other than immigration, meets all other eligibility requirements. *Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).*
3T	Restricted to pregnancy and emergency services	No	Initial Transitional Medi-Cal (TMC). Provides six months of coverage for eligible aliens without satisfactory immigration status who have been discontinued from Section 1931(b) due to increased earnings from employment.
3V	Restricted to pregnancy and emergency services	No	AFDC – 1931(b) Non CalWORKS. Covers those eligible for the Section 1931(b) program who do not have satisfactory immigration status.
44	Restricted to Pregnancy-related services	No	200 Percent FPL Pregnant (Income Disregard Program – Pregnant). Provides eligible pregnant women of any age with family planning, pregnancy-related and postpartum services if family income is at or below 200 percent of the federal poverty level.
48	Restricted to pregnancy-related services	No	200 Percent FPL Pregnant Omnibus Budget Reconciliation Act (OBRA) (Income Disregard Program – Pregnant OBRA). Provides eligible pregnant aliens of any age without satisfactory immigration status with family planning, pregnancy-related and postpartum, if family income is at or below 200 percent of the federal poverty level.

Please see **Dental Benefits**, *page 3*

Dental Benefits *(continued)*

Code	Benefits	SOC	Program/Description
5F	Restricted to pregnancy and emergency services	Y/N	OBRA Alien – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status.
5J	Restricted to pregnancy and emergency services	No	SB 87 Pending Disability Program.
5R	Restricted to pregnancy and emergency services	Yes	SB 87 Pending Disability Program.
5T	Restricted to pregnancy and emergency services	No	Continuing TMC. Provides an additional six months of emergency services coverage for those beneficiaries who received six months of initial TMC coverage under aid code 3T.
5W	Restricted to pregnancy and emergency services	No	Four-Month Continuing Pregnancy and Emergency Services Only. Provides four months of emergency services for aliens without satisfactory immigration status who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support.
55	Restricted to pregnancy and emergency services	No	OBRA Not PRUCOL – Long Term Care (LTC) services. Covers eligible undocumented aliens in LTC who are not PRUCOL Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the *OBRA and IRCA* section in this manual. *Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).*
58	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers eligible aliens who do not have satisfactory immigration status.
6U	Restricted to pregnancy and emergency services	No	Restricted Federal Poverty Level – Disabled. Covers the disabled in the Aged and Disabled FPL program who do not have satisfactory immigration status.

Please see **Dental Benefits**, *page 4*

Dental Benefits *(continued)*

Code	Benefits	SOC	Program/Description
7C	Restricted to pregnancy and emergency services	No	100 Percent OBRA Child. Covers emergency and pregnancy-related services to otherwise eligible children, without satisfactory immigration status who are ages 6 to 19, or beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
7G	Valid only for ambulatory prenatal care services	No	Presumptive Eligibility (PE) – Ambulatory Prenatal Care. This option allows the Qualified Provider (QP) to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for Ambulatory Prenatal Care Services. Persons placed in 7G have pregnancy test results that are positive. QP issues paper PE ID Card.
7K	Restricted to pregnancy and emergency services	No	Continuous Eligibility for Children (CEC). Provides emergency and pregnancy-related benefits (no Share of Cost) to children without satisfactory immigration status who are up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal.
7N	Valid for Minor Consent services	No	Minor Consent Program. Covers eligible pregnant minors under the age of 21. Limited to services related to pregnancy and family planning. Paper Medi-Cal ID card issued.
8T	Restricted to pregnancy and emergency services	No	100 Percent Excess Property Child – Pregnancy and Emergency Services Only. Covers emergency and pregnancy-related services only to otherwise eligible children without satisfactory immigration status who are ages 6 to 19, or beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.

Emergency dental procedures are already available to individuals in the aid codes listed above. For a list of the emergency dental procedures, see *Denti-Cal Bulletin* Vol. 21, No. 41, December 2005 (**www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_21_Number_41.pdf**).

The procedures that have been added for pregnant women only are the following:

010 Examination, initial episode of treatment only

015 Evaluation, periodic

049 Prophylaxis, recipients younger than 12 years of age

050 Prophylaxis, recipients 13 years of age and older

062 Prophylaxis, including topical application of fluoride, recipients ages 6 through 17

452 Subgingival curettage and root planing per treatment

453 Occlusal adjustment (limited) per quadrant (minor spot grinding)

472 Gingivectomy or gingivoplasty per quadrant

473 Osseus and mucogingival surgery per quadrant

474 Gingivectomy, or gingivoplasty, treatment per tooth (fewer than six teeth)

If the recipient/patient has questions regarding Denti-Cal, please refer her to the Denti-Cal Beneficiary Toll-Free Line: (800) 322-6384.

Processing Changes for Treatment Authorization Requests

Beginning May 1, 2007, the California Department of Health Services (CDHS) started phasing in several changes that impact how paper *Treatment Authorization Requests* (TARs) are processed.

These changes are being implemented to minimize the key data entry of incomplete or erroneous TAR information and to reduce the volume of paper documents containing Protected Health Information (PHI), particularly Social Security Numbers (SSNs) that are sent via:

- United States Postal Service
- Courier services
- Other types of delivery services

CDHS expects to complete this phased implementation by September 2007.

Processing Change Schedule
Processing changes to paper TARs impact providers interacting with the Medi-Cal field offices and pharmacy sections on the following dates:

May 2007	**August 2007**
Sacramento Medi-Cal Field Office	Fresno Medi-Cal Field Office
June 2007	San Bernardino Medi-Cal Field Office
Northern Pharmacy Section (Stockton)	San Diego Medi-Cal Field Office
Southern Pharmacy Section (L.A.)	San Francisco Medi-Cal Field Office
July 2007	**September 2007**
L.A. Medi-Cal Field Office	TAR Administrative Remedy Section
In-Home Operations South	In-Home Operations North

Incomplete TARs
CDHS Medi-Cal field offices and pharmacy sections will be unable to enter paper TARs with incomplete information into the TAR system. These paper TARs will be deferred back to the submitting provider, with a Medi-Cal field office/pharmacy section *Incomplete TAR Form* identifying the reasons for deferral and instructions about how to resubmit the paper TAR with the necessary corrections.

Providers are to:

- Make the necessary corrections/changes on the paper TAR, and
- Resubmit with a copy of the *Incomplete TAR Form* on top of the paper TAR.

Paper TARs that are returned to the submitting provider for correction will not be available for inquiry through the Provider Telecommunications Network (PTN).

Any one of the reasons below will not allow the paper TAR information to be entered into the system. The reason(s) will be marked on the *Incomplete TAR Form* and sent back to the submitting provider for corrections. These reasons may consist of one or more of the following:

- The TAR form is illegible or damaged.
- The submitting provider number is missing, inactive, suspended or invalid for the category of service requested.
- The patient's Medi-Cal ID number is missing, invalid or invalid in length, and the patient's name/date of birth is missing.
- The patient is not Medi-Cal eligible.

Please see **Processing Changes**, *page 6*

Processing Changes *(continued)*

- Information in the *Admit From* field (Box 14) on the *Long Term Care Treatment Authorization Request* (LTC TAR, form 20-1) is missing or invalid.
- The requested service information is missing, invalid or invalid in length.
- The ICD-9-CM diagnosis code, admitting ICD-9-CM diagnosis code and/or primary DX diagnosis code is missing or invalid.
- The County Medical Services Program (CMSP) pharmacy services are covered by MEDIMPACT. Providers may call 1-800-788-2949 for further information.
- The requested Adult Day Health Care (ADHC) service should specify the months and the number of requested days for each calendar month on separate lines of the TAR. The TAR request should not exceed six months or have more than one service line for a given calendar month. Providers may refer to the appropriate Part 2 manual for specific TAR preparation instructions.

Adjudication Response
CDHS will discontinue the practice of returning adjudicated paper TAR copies to providers based on the schedule above. Instead, providers will receive an *Adjudication Response* (AR), which will display:

- The status of requested service(s)
- The reason(s) for the decision(s), including TAR decisions resulting from an approved or modified appeal
- The adjudicator's request for additional information, if necessary

The AR will enable the provider to respond to the requested information or proceed to bill for authorized services. (See the *Adjudication Response* example at the end of this article.) Providers should keep a copy of the AR for their records and use it when responding to deferrals or when requesting an update/correction to a previously approved or modified TAR.

When requesting an update/correction, a copy of the AR must be placed on top of newly submitted documents to ensure the information can be matched with previously submitted documentation. Providers should clearly specify what change(s) are being requested.

ARs will be mailed to the provider's address on file with CDHS' Payment Systems Division, Provider Enrollment Branch (PEB). Providers should ensure PEB has their most up-to-date mailing address on file. Instructions about changing/updating a provider address may be found on the Medi-Cal Web site (**www.medi-cal.ca.gov**). From the home page, click the "Provider Enrollment" link and then the "Provider Reminders" link at the top of the page.

Attachments
On November 15, 2006, CDHS notified providers via a flyer that attachments were no longer being returned with deferred paper TARs. Medi-Cal field offices and pharmacy sections will continue to retain and archive all attachments for reference.

Providers responding to a deferred TAR should return the AR and any new attachment(s) requested.

Please see **Processing Changes**, *page 7*

Processing Changes *(continued)*

SSN on TARs

In accordance with *Medi-Cal Updates* issued in August and September 2006, providers should use the recipient's Benefits Identification Card (BIC) number on the TAR, rather than the SSN. If a TAR is returned to a provider because of inaccurate and/or incomplete information, the SSN will be removed.

Provider questions may be directed to the local Medi-Cal field office or pharmacy section.

National Provider Identifier (NPI) Number

Providers should be aware that the NPI number will not be accepted on TARs until after the official NPI implementation date of November 26, 2007. For detailed information about the new NPI implementation date, providers can view the "Important NPI Time Frame Changes" article posted in the "HIPAA News" area of the Medi-Cal Web site (**www.medi-cal.ca.gov**).

TARs issued under the old provider number (legacy number) prior to November 26, 2007 can still be used for claims submitted with an NPI starting on or after November 26, 2007. Providers will not have to request an updated TAR with the NPI information.

State of California - Health and Human Services Agency
Department of Health Services

CONFIDENTIAL

Medi-Cal Operations Division

ARNOLD SCHWARZENEGGER, Governor

ADJUDICATION RESPONSE

Provider Number: HSCXXXXXX
XXX CONTRACT HOSP #2
3215 PROSPECT PARK DR
RNCHO CORDOVA, CA 95670-6017

DCN (Internal Use Only): 123456789101
Date of Action: 06/27/2006
Regarding: Jane Doe
TAR Control Number: 9876543210

This is to inform you that a Treatment Authorization Request has been adjudicated. If you have any questions regarding this adjudication response, please contact your local Medi-Cal Field Office. The decision(s) follow:

Svc #	Service Code	Modifier(s)	Service Description	From Date of Service	Thru Date of Service	Units	Quantity	Status	P.I.
1	123ABC	1	Service Description 1	01-01-2006	01-31-2006	12345	1000000.123	1 Approve	1
2	ABC123	2	Service Description 2	01-01-2006	01-31-2006	12345	1000000.123	2 Modify	0
	Reason(s):	GEN: Modified, refer to comments							
	Comment(s):	Comments from Field Office Consultant 2							
3	ABC123	3	Service Description 3	01-01-2006	01-31-2006	12345	1000000.123	3 Deny	3
	Reason(s):	GEN: Denied, refer to comments							
	Comment(s):	Comments from Field Office Consultant 3							
4	ABC123	4	Service Description 4	01-01-2006	01-31-2006	12345	1000000.123	4 Defer	5
	Reason(s):	GEN: Deferred, refer to comments							
	Comment(s):	Comments from Field Office Consultant 4							

Authorization does not guarantee payment. Payment is subject to Patient's eligibility. Please ensure that the Patient's eligibility is current before rendering service.

If you have received this document in error, please call the Telephone Service Center, 1-800-541-5555 in California, 1-916-636-1200 out-of-state (follow the prompts for eTAR), to notify the sender. Please destroy this document via shredder or confidential destruction.

Medi-Cal Share of Cost and Medicare Part D Reminder

Medicare-eligible recipients with a Medi-Cal Share of Cost (SOC) are not eligible for Medi-Cal benefits until their SOC is met. Under the Medicare Part D prescription drug program, Medicare beneficiaries with a Medi-Cal SOC may have higher prescription drug payment obligations than beneficiaries without an SOC. These payment obligations may include deductibles and copayments.

All medically necessary health services, whether covered by Medi-Cal or not, can be used to meet SOC for Medi-Cal purposes. All prescription drug payments required under Medicare Part D are considered medically necessary health services. For more information, refer to the Part 1 provider manual.

Prescription drug payments required under the Medicare Part D prescription drug program should be applied to the recipient's SOC upon receiving payment or accepting obligation for payment from the recipient. Delays in performing the SOC clearance transaction may prevent the recipient from receiving other medically needed services.

Instructions for Manual Replacement Pages — Part 2

June 2007

Expanded Access to Primary Care Program Bulletin 393

Remove and replace at the end of *Manual Ordering* section:	*Subscriber Order Form* 1/2 *
Remove and replace:	child 1 thru 4 * forms reo io 1/2 * oth hlth cpt 1/2 *

* Pages updated due to ongoing provider manual revisions.